

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 02 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 277.30	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D521129
Purpose of Expenditure In-Kind Staff	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 02 / 2014	
Name of Federal Candidate ALEX SINK		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 18.92	
City Washington	State DC	Zip Code 20006	Transaction ID : D521124
Purpose of Expenditure Reimburse Auto Dialer Phones	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2014	
Name of Federal Candidate ALEX SINK		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	296.22
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
03 / 04 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 6.30	
City Washington	State DC	Zip Code 20006	Transaction ID : D521125
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2014
Name of Federal Candidate DAVID W. JOLLY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 14249.39		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶	

Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2014	
Mailing Address 1750 New York Avenue, NW		Amount 34.29	
City Washington	State DC	Zip Code 20006	Transaction ID : D521126
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2014
Name of Federal Candidate ALEX SINK		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 14249.39		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40.59
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee International Union of Painters and Allied Trades Political Action Together Political Comm		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2014	
Mailing Address 1750 New York Avenue, NW		Amount 11.42	
City Washington	State DC	Zip Code 20006	Transaction ID : D521127
Purpose of Expenditure In-Kind Phone Banking Equipment	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2014	
Name of Federal Candidate DAVID W. JOLLY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 14249.39		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶	

Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2014	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount 635.48	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D521131
Purpose of Expenditure In-Kind Staff	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2014	
Name of Federal Candidate ALEX SINK		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 14249.39		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	646.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Florida AFL-CIO		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 03 / 2014</div> </div>	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">211.82</div>	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D521132 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 03 / 2014</div> </div>
Purpose of Expenditure In-Kind Staff		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate DAVID W. JOLLY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">14249.39</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ►

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">211.82</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1195.53</div>

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